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APPLICANTS

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** CONTINUING DATA *****

NONE STR

** FOREIGN APPLICATIONS *****

NONE STR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/23/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY ITALY	SHEETS DRAWING 14	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 6
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ADDRESS

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TITLE

Low loss, noise filtering multiplexer/demultiplexer for reconfigurable OADMs

FILING FEE RECEIVED 1326	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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